

Corres. and M

Amendment Under 37 C.F.R. § 1.116 Group Art Unit 2879, Expedited Procedure

Docket No. 03500.005745.36

In re Reissue Application of:

SEISHIRO YOSHIOKA ET AL.

Application No.: 09/384,326

Filed: August 26, 1999

For: FLAT PANEL DISPLAY INCLUDING **ELECTRON EMITTING DEVICE**

THE COMMISSIONER FOR PATENTS BOX AF

Washington, D.C. 20231

Examiner: M. Day

Group Art Unit: 2879

Date: June 12, 2002

TC 2800 MAIL ROOM

Sir:

Transmitted herewith is an amendment after final rejection in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

,			CLAIMS AS AME	NDED		
	(2) CLAIMS IN EXCESS OF TWENTY AND ALSO IN EXCESS OF THE NUMBER OF CLAIMS IN THE ORIGINAL PATENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	48	MINUS	**	± 18	x \$9 \$18	\$ 324.00
INDEP. CLAIMS	3	MINUS	***	= 0	x \$42 \$84	0.00
Fee for Multiple Dependent claims \$140°/\$280						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$324.00	

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

	°Verified Statement claiming small entity status is enclosed, if not filed previously.					
X	A check in the amount of \$324.00 is enclosed.					
	Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed					
X	Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, o to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.					
	A check in the amount of \$to cover the fee for amonth extension is enclosed.					
	A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed.					
X	Applicants' undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.					
	Respectfully submitted,					
	Attorney for Applicants Registration No. 476					

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200 263653v1